



Okay to keep old contact info. W
CONTACT INFORMATION FOR PERMIT APPLICATION

Dear Applicant:

Please complete the following information. Your email address is required so you can be notified on the status of your plans.

First Name: (PRINT CLEARLY) Jan Last Name: (PRINT CLEARLY) Rodriguez

Cellular Number: 305.776.3696 Office/Home Number: _____

EMAIL Address: transform@evolutionarygroup.com

Comments:

If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans _____

PLEASE INDICATE IF PLANS ARE

☐ GOV'T PROJECT/ DEPT _____ ☐ GREEN BLDG (NEW CONSTRUCTION ONLY)* ☐ PACE PROJECT*
☐ AFFORDABLE/ WORKFORCE HOUSING* ☐ ECONOMIC SIGNIFICANCE*

(*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)

REQUESTED REVIEWS

☐ ALL ☐ BLDG ☐ DERM ☐ ELEC ☐ ENRG ☐ FIRE
☐ HCAP ☐ LANDSCAPING ☐ MECH ☒ PLUM ☐ PWKS ☐ PWCC
☐ ROOF ☐ SIGN ☐ STRU ☐ ZNPR ☐ WASD ☐ PWIF
☐ PERMIT BY AFFIDAVIT CHECK ☐ SHORT TERM EVENT AFFIDAVIT CHECK ☐ OPTIONAL PLAN REVIEW
☐ BLDG ☐ ELEC ☐ MECH ☐ PLUM ☐ STRU

-FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: 6/23/17 Clerk Name: KAREN Arrival Time: 2:42

Process No(s): C 2017071271 / _____ / _____

Miami Dade County Department of Regulatory And Economic Resources - Job Copy

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☐ Re-Issue

☒ Rework

☐ Plan Revision

☐ Shop Drawing